Temporary Suspension or Waiver Request from Family Share

Child's Name: _____

Child's CBIS No: _____ Family Share Account No: _____

Parent/Guardian's Name(s): _____

Parent/Guardian's Address: _____

Parent/Guardian's Phone Number: (_____)_____

Check One:

I. ☐ The above named child will not be able to access their First Steps services from _____ through _____.*
Month/Year Month/Year

*Minimum one complete calendar month.

OR

II. ☐ The family requests a temporary waiver from their Family Share, from _____ through _____, due to the following reason(s):
Month/Year Month/Year

_____

_____

_____

Please suspend their Family Share fee for this time period (maximum three calendar months at a time).

OR

III. ☐ The family requests a reduction of their Family Share from $_____ to $_____ from _____ through _____, due to the following reason(s):
Month/Year Month/Year

_____

_____

_____

Please reduce their Family Share fee for this time period (maximum three calendar months at a time).

Service Coordinator's Signature: _____

Service Coordinator's Name & Provider ID:_____

Service Coordinator's Address: _____

Phone: (_____)_____ Fax: (_____)_____

Send form to: First Steps Financial Case Manager, CCSHCN, 982 Eastern Parkway, Louisville, KY 40217

For Office Use Only
Date received: _____ Approved: _____Yes _____ No Signature _____